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AUTHOR Diemer, Matthew A.
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ABSTRACT

The role of the consultant in the mental health consultation process has been marked by disagreement. One view maintains that consultation should be a collaborative venture between consultant and consultee. Alternately, another view holds that consultants should make use of their expert power and direct the consultation process. Empirical evidence supports each position, and differences between these camps are largely semantic. This article offers a delineation of these differences and proposes a two-dimensional model of consultation that embraces both perspectives. Along one dimension of this model lies the poles of coercion and collaboration; coercion is the use of consultant power to manipulate the consultee while collaboration is the process of joining with the consultee and employing a team approach to consultation. The other dimension of this model is the degree of directiveness in which the consultant directs or steers the consultation process. Any consultation can vary along each of the two dimensions and more accurately capture the dynamics of the consultation process. (Contains 19 references.) (JDM)

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Mental Health Professionals and the Consultation Process: Collaboration or Cooperation?

Matthew A. Diemer

Boston College

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Abstract

The role of the consultant in the mental health consultation process has been marked by disagreement. One view maintains that consultation should be a collaborative venture between consultant and consultee. Alternately, another view holds that consultants should make use of their expert power and direct the consultation process. Ample empirical evidence supports each position. However, when these studies are deconstructed, it can be demonstrated that the differences between these camps are largely semantic. This article attempts to delineate these differences and propose a two dimensional model of consultation that embraces both perspectives.

Mental Health Professionals and the Consultation Process: Collaboration or Cooperation?

Gutkin & Curtis (1982) recently argued "At its most basic level, consultation is an interpersonal exchange. As such, the consultant's success is going to hinge largely on his or her communication and relationship skills" (p. 822). Much of the current debate swirling around the consultation process is what the nature of this relationship should be. One camp holds that consultation should be a "collaborative" process between the consultant and consultee. A more recent view holds that "collaboration" may not be a relevant construct in the consultation process. Rather, consultants should make use of their "expert power" and take a more directive stance in the consultation process. The following paper is a summary of these positions and an attempted resolution of the two views, as set forth by Gutkin (1997).

One long-standing belief is that consultation should be viewed as a "collaborative" process between consultants and consultees. In this model, the goal of the consultation process was to help consultees (such as teachers) learn how to help themselves (Meyers, 1973). Four premises or assumptions undergird this approach (Gutkin, 1997). First, teachers themselves often know more about the context of the problem's environment than consultants. Second, the consultant him/herself rarely, if ever, implement the intervention themselves. The goal in this process was to "give psychology away" (Miller, 1969) to other practitioners, such as teachers. Third, the emphasis of consultation has moved from remediation to prevention. If consultees are made empowered by the consultation process, they may function as prevention agents alone (rather than involving consultants only in a remedial role). Finally, consultants

need the support of teachers if any progress was to be made. The ultimate goal of this consultation approach is to "empower teachers and get them to 'buy into' treatment plans" (Gutkin, 1997, p. 6)

In addition, most of the research to that point (the late 1980s) had supported this position in consultation. Wenger (1979) found that teachers were more satisfied with collaborative versus non-collaborative consultations. Hinkle, Silverstein, and Walton (1979) documented the importance of working with, rather than against, teachers. Their research documented the impact of involuntary consultation. Teachers engaged in this type of consultation process accounted for a disproportionately high number of consultees who did not implement consultant recommendations. Babcock & Pryzwansky, (1983) found that teachers favored collaborative approaches to consultation to expert models at every stage of the consultation process. Reinking, Livesay & Kohl (1978) found that consultee involvement was positively associated with treatment plan implementation. In sum, satisfaction and implementation by the consultee seem to be related to a collaborative stance in the consultation process by the consultant.

Further, a number of studies (Dunst & Trivette, 1988; Hughes & Falk, 1981; Tyler, Pargament & Gatz, 1983) began to support this approach to consultation by drawing upon other disciplines within psychology. These studies suggested that collaboration and (consultee) empowerment are important constructs in any psychological intervention.

Around the end of the 1980s, challenges to this long-standing approach began to emerge. Witt (1990a) argued that little empirical support lended itself it to the collaborative approach. Further, Witt (1990b) began to suggest that a better consultation

model would involve consultants taking a directive stance and making use of their expert power.

Erchul's 1987 study was one of the first to challenge the collaborative approach to consultation, making use of a one-up, one-down, one-across coding system. "Dominance" in consultation was operationalized by a one-up statement by the consultant followed by a one-down statement by the consultee. Erchul found that consultants scored significantly higher than consultees on measures of dominance. Also, the relationship between consultant dominance and consultee perception of effectiveness approached significance. Work by Erchul & Chewning (1987) led the researchers to conclude that a more accurate description of the consultation relationship is "cooperation", and not collaboration. Cooperation connotes the consultant directing the interpersonal process of consultation, which the consultee then cooperates with. In this study, consultee passivity was interpreted as a positive element of consultation.

In their analysis of consultant and consultee interactions, Witt, et. al. (1991) found that the consultant typically controlled the consultation process in that he/she determined the topic of the consultation. There was also a strong (and statistically significant) correlation between the degree of the consultant's topic determination and the consultant perception of whether the consultee would implement the treatment plans. The more the consultant controlled the process, the more he/she felt that the treatment plan would be implemented by the consultee.

In light of these findings, the construct of collaboration began to undergo further scrutiny. Gutkin's (1997) paper provided an excellent summary and deconstruction of the work of each of these camps. Gutkin's critique of the studies cited above will be offered,

followed by a synthesis or reconstruction of what the role of collaboration in consultation may be.

The results of Erchul's (1987) study may be reinterpreted under closer scrutiny. Erchul operationalized dominance as a one-up statement by the consultant followed by a one-down by the consultee. This sequence may also be viewed as a statement by the consultant followed by *a statement of agreement* from the consultee, rather than a passive acceptance of what the consultant has said. In this case, dominance may actually be a form of agreement or collaboration between the two parties.

The same argument could be made for Erchul & Chewning's (1987) study, in which they conceptualized the consultant's role as "controlling the nature and process of the consultation relationship" (p.15). When their coding system is re-examined, consultee passivity (indicating consultant dominance) could also be viewed as agreement with the consultant. Witt's (1991) argument for a model of greater control by consultants does not hold up under scrutiny. Again, consultee acceptance's of the consultant's "bid" or topic of discussion was defined as non-collaborative dominance by the consultant. However, this could also reflect a skillful consultant. "Consultants who can determine successfully what it is their consultees wish to discuss and when it is their consultees are ready to move on to another topic should be labeled 'skillful' and not 'non-collaborative'" (Gutkin, 1997, p.22). Thus, what has been understood as consultee passivity is essentially a good consultant at work.

Based on the volume of literature focusing on this topic, it appears that Witt's (1990) goal of "not so much to argue against the assumption that consultation be conducted in a collaborative manner but to call for more tests of this assumption" was

reached (p. 367). Researchers began to re-examine previous conceptions of collaboration and offer new interpretations. Erchul (1992) concluded that "teamwork" was an essential part of the consultation process and that "participation by each person is essential; however, the nature of his or her participation may differ" (p. 129). Hughes & DeForest (1993) emphasized the importance of collaboration and its importance to consultation outcomes.

Later work by Erchul et. al. (1995) "offered support for a give-and-take, cooperative interaction pattern between consultants and consultees" (p. 626). Also, this work indicated that "a consultee may perceive a consultant as less effective to the extent the latter tells the former what to do" (p. 628). Gutkin (1996) defined this process as a "partnership...This view is entirely consistent with earlier conceptualizations of consultation relationships as "collaborative", "cooperative", and characterized by "teamwork" (pp.216-7).

This last quote underscores an important point. The debate over the role of collaboration in consultation may be boiled down to a semantic one. Consultant dominance in one conception may indicate consultee agreement with what the consultant has said in another framework. Consultee "passivity" may be re-interpreted as skill on the part of the consultant in knowing what direction to steer the consultation session. Gutkin (1997) offers a summary of this "false dichotomy" between directiveness and collaboration:

> The opposite of 'collaborative' is 'coercive', NOT 'directive'. Likewise, the opposite of 'directive' is 'non-directive or laissez-faire', NOT 'collaborative'. Given this, it would seem that consultants can be both directive and collaborative at the same time and need not to choose between using their expertise and maintaining a collaborative relationship with a consultee (p. 36).

The old argument of "collaboration vs. directiveness" appears to have been settled. Prior studies, which have been critical of the role of collaboration, may lend credence to the collaboration argument when re-examined. Other research has supported the use of collaboration within consultation as a process of "teamwork". Currently, a new model for the roles of collaboration and directiveness has been offered by Gutkin (1997). Collaboration and directiveness are not seen as dichotomous. Rather, they are viewed as different dimensions of the consultation process. Along one dimension of this model lies the poles of coercion and collaboration; coercion is the use of consultant power to manipulate the consultee. Collaboration is the process of "joining" with the consultee and employing a "team" approach to consultation. The other dimension in this model is the degree of directiveness: non-directive and directive. This dimension is the degree to which the consultant directs or steers the consultation process.

Any consultation, then, can vary along each of the two dimensions. For example, a consultant may employ a collaborative and directive stance. Alternately, a consultant may take a coercive and non-directive stance. A two-dimensional model may more accurately capture the dynamics of the consultation process that a dichotomous collaborative vs. directive polemic may not. This two-dimensional model offers more "stances" consultants may employ in the consultation process. Finally, this models may

serve to bring some closure to the argument surrounding the roles of collaboration and directiveness in the consultation process.

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